

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/1582620

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	10		/			
5	10		/			
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TOTAL IND.	2	↓	2	↓	↓	
TOTAL DEP.	6	←	5	←	←	
TOTAL CLAIMS	8		7			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						